Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement
Phase II

Date: July 10, 2006

Attachment A

Performance Measures for FY 2006 Pandemic Influenza Emergency Supplemental Funding

Measure 1: Medical Surge

Target Capability: Medical Surge. Use BioSense data to determine available beds that could be used for medical surge.

CDC Preparedness Goal	Proposed Measure	Jurisdictional Target	Definitions and Other Guidance	Instructions	Jurisdictional Measurement Level	Data Collection and Submission Methods
CDC Goal 6: Control 6A: Target Capability: Medical Surge	Percent of HRSA National Bioterrorism Hospital Preparedness Program (NBHPP) awardee hospitals that transmit hospital utilization data in near-real time to BioSense.	90% of HRSA NBHPP awardee hospitals.	Definitions: Hospital utilization data: BioSense Data Elements of Interest: Includes number of beds available by facility unit. Near real-time: bed-count data is submitted at least once every 24 hours.	**Numerator:** Number of HRSA NBHPP awardee hospitals that transmit hospital utilization data to BioSense. **Denominator:** Number of HRSA NBHPP awardee hospitals in the jurisdiction.	State	Numerator data: DSLR retrieves data from CDC BioSense databases to determine which jurisdiction hospitals transmit to BioSense Denominator data: Pandemic Supplemental funding awardees declare to DSLR which hospitals in their jurisdiction are NBHPP awardees.

- Department of Homeland Security: Target Capabilities. Version 2.0 available at emergency responder password protected website: www.llis.gov
- Justification: CNA Corporation. Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies. Virginia, CNA. Under U. S. Department of Health and Human Services Contract # 233-03-0028. 2004. Page 8-6. Available at: http://www.cna.org/documents/mscc_aug2004.pdf Accessed June 9, 2006.

Measure 2: Seasonal Flu Clinic

Target Capability: Mass Prophylaxis. Use computer modeling to estimate patient throughput and compare to actual throughput during annual influenza vaccination clinic ("flu clinic").

CDC Preparedness Goal	Proposed Measure	Jurisdictional Target	Definitions and Other Guidance	Instructions	Jurisdictional Measurement Level	Data Collection and Submission Methods
CDC Goal 6: Control 6C: Target Capability: Mass Prophylaxis	Percent of estimated patient throughput actually achieved for each shift during mass vaccination clinic.	For each work shift: Meet or exceed estimated patient throughput for inputs entered into specified computer model.	Specified computer model: Use mass vaccination clinic operations model available at URL cited below. Shift: To generate model estimates the number of staff working per shift is assumed constant throughout the shift. The duration of each shift is at the discretion of the public health agency (e.g., 8 hours, 12 hours, etc). Inputs entered: Parameters entered into the model to estimate throughput. For example: 200 clinic and administrative staff working in a flu clinic configured per the model are expected to vaccinate 4 patients per minute.	**Numerator:** # of persons vaccinated during each shift. **Denominator:** # of persons expected to be vaccinated during a shift, according to model.	State and local	Data will be collected during real event seasonal flu clinics. Clinic staff inputs will vary from shift to shift depending on the number of staff available to work the shift. As inputs vary, estimates generated by the model will differ. Note: # observed vaccinated/ # expected to be vaccinated. Example: Shift #1: # observed vaccinated is 2 patients per minute # expected vaccinated per the model is 4 patients per minute. O/E = 2/4 =1/2 To get percent: ½ X 100 = 50% of estimate achieved

- Throughput estimates: Department of Homeland Security (DHS) Target Capabilities require capacity (throughput) estimates for determining burden of work to manage standardized planning scenarios.
- Specified mass vaccinations clinic operations model: Model is funded by CDC and developed jointly by Montgomery County, Maryland, Advanced Practice Center for Public Health Emergency Preparedness and Response and The Computer Integrated Manufacturing Laboratory of the Institute for Systems Research at the University of Maryland. Model available at http://www.isr.umd.edu/Labs/CIM/projects/clinic/ Accessed June 11, 2006.

Measure 3: Seasonal Flu Clinic.
Target Capability: Mass Prophylaxis. AGE AND RISK GROUPS – INFLUENZA VACCINATION. Exceed the influenza vaccination target coverage levels.

CDC Preparedness Goal	Proposed Measure	Jurisdictional Target	Definitions and Other Guidance	Instructions	Jurisdictional Measurement Level	Data Collection and Submission Methods
CDC Goal 6: Control 6C: Target Capability: Mass Prophylaxis	Influenza vaccination coverage levels for each age and risk group.	Better than the best: Jurisdiction exceeds the highest coverage level reported in the most recently published dataset.	"Better than the best" is borrowed from HP 2010, which employs the concept as a target-setting method. **Target source:**			DSLR retrieves data from CDC databases Awardees' progress toward targets is assessed using the latest survey vaccination rates available for the DSLR reporting period. Publication of survey results can lag behind current reporting period a year or more.
				Target tracked by:		
	• > or = 65 yr	90%	HP 2010	BRFSS	State	BRFSS does not ask about influenza vaccination for Health-care workers with patient contact every year. If this group is not queried in a particular year, the rate will be "N/A" for that year.
	• 18-64 yr with high-risk conditions	60%	HP 2010	BRFSS	State	
	• Health-care workers with patient contact	Better than the best	BRFSS (In vaccine shortage season: Years 2004 – 05, the national level estimate was 36%)	BRFSS	State	
	• 18-64 yr – Non-priority group	Better than the best	BRFSS (In non-shortage season: Years 2003-04, the national estimate was 24%)	BRFSS	State	
	• 6-23 months	Better than the best	NIS	NIS	State and Local	

- MMWR: *Estimated Influenza Vaccination Coverage Among Adults and Children –United States, September 1, 2004—January 31, 2005.* MMWR. April 1, 2005 54 (12); 304-307. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5412a3.htm Accessed: June 9, 2006.
- MMWR: *Prevention and Control of Influenza. Recommendations of the Advisory committee on Immunization Practices (ACIP).* June 28, 2006 /55 (Early Release); 1-41. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm Accessed July 3, 2006.

- Influenza Vaccination Coverage Levels. Available at: http://www.cdc.gov/flu/professionals/vaccination/coveragelevels.htm Accessed July 3, 2006.
- BRFSS is Behavioral Risk Factor Surveillance System. Available at: http://www.cdc.gov/BRFSS/ Accessed July, 3 2006.
- NIS is National Immunization Survey. Available at: http://www.cdc.gov/nis/ Accessed July 3, 2006.
- HP 2010 is Healthy People 2010. Target setting methods available at: http://www.healthypeople.gov/Document/HTML/tracking/THP_PartA.htm#TargetSetting
  Immunization coverage levels available at: http://www.healthypeople.gov/Document/HTML/Volume1/14Immunization.htm#_Toc494510240
  Accessed July 3, 2006.

Measure 4: Non-Pharmacological Public Health Interventions: Social Distancing.
Target Capability: Planning

CDC Preparedness Goal	Proposed Measure	Jurisdictional Target	Definitions and Other Guidance	Instructions	Jurisdictional Measurement Level	Data Collection and Submission Methods
CDC Goal 1: Prevent 1A: Target Capability: Planning	Public health officials recommend school closure when pandemic influenza case counts reach pre-determined levels.	Jurisdictions pre-determine case count levels that "trigger" school closure.	Jurisdictions are expected to be hyper-vigilant about the introduction of pandemic influenza in their communities. Pre-event, jurisdictions determine how many cases infected with H5, or another novel subtype, of influenza will prompt them to recommend school closure. Pandemic influenza cases: When disease prevalence is low, laboratory testing should be confirmatory (as opposed to presumptive).		State and local	Drill or exercise

- School District (K-12) Pandemic Influenza Planning Checklist. Available at: http://www.pandemicflu.gov/plan/schoolchecklist.html Accessed June 18, 2006.
- Heymann A, Chodick G, Reichman B, Kokia, E, Laufer J, *Influence of school closure on the incidence of viral respiratory diseases among children and on health care utilization.* Pediatr Infect Dis J. 2004 Jul; 23 (7): 675-7.
- HHS Pandemic Influenza Plan, US Dept of Health and Human Services. November 2005. Available at: www.panflu.gov Accessed June 21, 2006.

Measure 5: Isolation

Target Capability: Isolation and Quarantine. During drills and exercises make timely decisions to seek court order for isolation or release detained patient.

CDC Preparedness Goal	Proposed Measure	Jurisdictional Target	Definitions and Other Guidance	Instructions	Jurisdictional Measurement Level	Data Collection and Submission Methods
CDC Goal 6: Control 6B: Target Capability: Isolation and Quarantine	Time an individual (s) is detained for medical evaluation while determining need for isolation.	< 12 hours	Detain: Restrict movement by preventing individual from leaving the designated area while he/she is medically evaluated. This measure includes time to obtain presumptive laboratory results. This measure **does not** include time to get a judge or magistrate to sign the order, which can take considerably longer. This measure also **does not** include evaluations for quarantine.	**Date and Start time:** Date and time public health authority first detains individual(s). **Date and Stop time:** Any one of the following: • Date and time on petition for court order. • Date and time patient is placed under voluntary isolation. • Date and time patient is released after deemed not in need of isolation.	State and local	Data collected for each individual detained for evaluation. In the case of mass isolation data is collected for the cohort.

Measure 6: PHIN Compliance

Target Capability: Communications. PHIN compliance enables information technology systems to support detection and containment of pandemic influenza across all Target Capabilities.

CDC Preparedness Goal	Proposed Measure	Jurisdictional Target	Definitions and Other Guidance	Instructions	Jurisdictional Measurement Level	Data Collection and Submission Methods
CDC Goal 4: Detect and Report 4A: Target Capability: Communications	For each PHIN Functional Area, the percent of critical functional requirements that have been achieved based on either the Functional Self Assessment Tool or the PHIN certification process. The Functional Areas are: • *Connecting Laboratory Systems* • *Countermeasure/ Response Administration* • *Cross-functional Components* • *Early Event Detection* • *Outbreak Management* • *Partner Communications and Alerting Functional Requirements*	100% of the critical functional requirements for each Functional Area	**Note:** For each Functional Area cite the assessment method used to determine achievement: Self Assessment (Self-Assessment Tool) OR (Independent Assessment) PHIN Certification process.	**Example:** 1) Connecting Laboratory Systems has 10 critical functional requirements. The recipient using the Functional Self Assessment tool has achieved 7 of the critical functional requirements. The Connecting Laboratory Systems score is 7/10 or 70% by Functional Self Assessment Tool. 2) Countermeasure/Response Administration has 5 critical functional requirements. The recipient has achieved all 5 critical functional requirements based on the PHIN Certification process. The Countermeasure/Response Administration score is 5/5 or 100% by PHIN Certification process.	State and local	Recipient's plan for addressing identified gaps AND either the PHIN Certification Status Letter for each Functional Area or the Summary page from the Functional Self Assessment Tool for each Functional Area

- *Public Heath Information Network (PHIN) Certification: Standards, Self-Assessment Tools and Certification process available at:* http://www.cdc.gov/phin/certification/index.html Accessed November 16, 2000